

CNMA Collaborations and Projects

CNMA Annual Meeting Oct 7, 2017



CMQCC

California Maternal
Quality Care Collaborative

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California Maternal Quality Care
Collaborative

About CMQCC

- founded in 2006 in response to rising maternal mortality and morbidity rates
- multi-stakeholder organization committed to ending preventable morbidity, mortality and racial disparities in California maternity care
- uses research, quality improvement toolkits, state-wide outreach collaboratives and its innovative Maternal Data Center (MDC) to improve health outcomes for mothers and infants

CMQCC Toolkits

- Toolkit to Support Vaginal Birth and Reduce Primary Cesareans (2016)
- Improving Health Care Response to Obstetric Hemorrhage, V2.0 (2015) (V1.0 released in 2010)
- Improving Health Care Response to Preeclampsia (2014)
- Elimination of Non-medically Indicated (Elective) Deliveries Before 39 Weeks Gestational Age (2010) (Licensed to March of Dimes)

Maternal Data Center (MDC) Tracking Laboring and Delivering Providers

Overall CMQCC Goals

- Long Term: Enhance general knowledge
 - Evaluate the impact of CNMs on delivery practices and outcomes
- Short Term: Support hospital quality management
 - Track and compare the delivery volumes, practices and outcomes of individual providers in the Maternal Data Center (MDC)

Maternal Data Center (MDC) Tracking Laboring and Delivering Providers

CNMA Goals

- Utilize this information in legislative and public policy work
- Encourage CNMs to become leaders in the perinatal QI environment, contributing data to the MDC Laboring Provider Project

What is the MDC?

- An online web tool that generates near real-time data and performance metrics on maternity care services for hospital participants
- Hospitals submit patient discharge data to the MDC, which instantaneously links the discharge data to birth certificate or clinical data
- Approximately 200 hospitals participate
- **New option: For any delivery, hospitals will now be able to track both the Laboring and Delivering providers**

New MDC Option

- Accurately attribute outcomes to the provider who managed the labor, **aka the *Labor Care Provider***
- Ability to attribute cesarean and operative vaginal births to CNMs that manage labors
- Calculate provider-level metrics based on the provider's role: laboring vs. delivering

User Group Meeting: Provider Reports in the CMQCC Maternal Data Center (MDC)

- Friday, October 13th: 12-1 (Pacific Time)
- Registration not required
- To introduce new MDC data collection features enabling hospitals to report on Labor Care Providers (in addition to Delivering Provider) and allow easier “clean up” of Provider names within the MDC.
- <https://stanford.zoom.us/j/637259313>
- Dial: [+1 646 558 8656](tel:+16465588656) (US Toll) or [+1 408 638 0968](tel:+14086380968) (US Toll)
Meeting ID: 637 259 313



Pacific Business Group on Health (PBGH)

About PBGH

- A non-profit member organization of large, private employers and public agencies with concerns about the high cost and poor quality of healthcare
- A powerful voice for consumers and patients in the U.S.
- Use the clout and concentrated power of Member organizations to test innovative healthcare methods in specific markets, and then scale successful approaches across the U.S.
- Conduct educational forums, user groups, and networking events to maximize our Members' impact.

Impact

- Launched the first public website displaying health plan, hospital and medical group quality and patient experience data
- Influenced the drafting of the Affordable Care Act to emphasize federal value purchasing and accountability
- Represented purchasers in the Meaningful Use Health IT roll-out
- Implemented the Intensive Outpatient Care Program (IOCP) for Americans with serious chronic illness in five states

Interest in Midwifery

- Transform Maternity Care
 - drive down the low-risk C-section rate, beginning in certain California markets and then targeting other problem areas in the U.S
 - funded by the California Healthcare Foundation and the

Call to Action

- leverage data for improvement through market power to pressure hospitals performing below standards
- implement consumer education and decision support for expectant mothers
- redesign payment methods - blended-case rate that compensates MD/hospital the same for vaginal and cesarean births
- review benefits design to encourage utilizing value-based maternity services such as doulas and midwives

Making the Business Case for CNMs

- funded by California Healthcare Foundation and Transforming Birth Fund
- working with Milliman Financial Consultants
- increase MD and hospital understanding of the financial implications of integrating midwifery care
- create a business case modeled after a variety of hospitals and medical groups that have successfully integrated midwives by conducting interviews and reviewing financial and operational information

Other Efforts

- Work with CMQCC to obtain better data on CNM outcomes that could hopefully be publicly reported
- Work with Katy Kozhimannil, PhD (who has published widely on maternity care topics) on applied research projects re: midwives

California Health Care Foundation



California Health Care Foundation

HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS

About CHCF

- Dedicated to advancing meaningful, measurable improvements in the way the health care delivery system provides care to the people of California
- Informs policymakers and industry leaders
- Invests in ideas and innovations
- Connects with change-makers to create a more responsive, patient-centered health care system
- Supports the testing and evaluation of innovative approaches to improving care

CHCF Supporting CNMs

- Working with partners statewide to promote higher-value by reducing the rate of unnecessary c/s (PBGH, CMQCC, CNMA)
- Patient engagement
 - make maternity care quality metrics publicly available by partnering with consumer-focused organizations (Consumer Reports, Yelp)
 - incorporate accurate depictions of maternity care into TV programming (Hollywood Health and Society)

CHCF Supporting CNMs

- working with partners to better understand the issues regarding maternal mental health and to explore innovative, practical solutions for delivering mental health care to California's mothers and expectant mothers in need
- project funding to understand the problem better and innovate solutions
 - CHCF Almanac report describes the status of maternity care relating to mental health (2016)
 - Supported the statewide task force on maternal mental health (The California Endowment)
 - “Listening to Mothers in California Survey” (National Partnership for Women and Families) (in process)

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CHCF Future Health Care Work Force Development

- Cultivate a workforce that delivers smarter, more affordable care
- Develop a new generation of health professionals with roles, skills, and workflows that match our latest understanding of how best to deliver high-quality, high-value care
- Launched the CA Future Health Workforce Commissions along with a few other funding partners to recruit, educate, and sustain a diverse health and health care workforce (Blue Shield of CA, The California Endowment, The California Wellness Foundation)
- <http://www.chcf.org/articles/2017/08/health-workforce-commission>

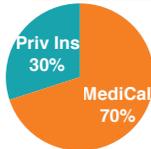
CHCF Leadership Development Program

- 2yr fellowship for 32 multi specialty and multidisciplinary clinician leaders
- Addresses health care issues from the perspective of business management and public policy
- Fellows broaden their leadership skills and sharpen their leadership capacity while gaining insights into the trends and challenges facing healthcare in CA
- For CNMs, an opportunity to increase visibility of our profession and promote the CNM Value Proposition

544 Fellows in 17 Cohorts: 4 Midwives



Problem Statement



Delivery reimbursement at Marin General Hospital (MGH) does not cover the cost of the OBGYN/Certified Nurse Midwife (CNM) hospitalist program. This threatens culturally competent inpatient/outpatient care for the publicly insured (FQHC) patients and the midwife option currently available to privately insured (Prima) patients.

Initial Discovery

Phase 1: Marin maternity community interviews - 12 CNMs, 5 MDs, 6 administrators

Takeaways:

- ◆ **CNMs are integrated into most practices as physician extenders.**
- ◆ **Fundamentally flawed business models for CNM utilization in traditional OBGYN practices are unsustainable, rendering CNMs expendable.**

Points considered:

- CNMs enhance/support OBGYN workforce **BUT** they require "supervision" and MD back up, diminishing the workforce enhancement they provide.
- CNMs are an available, qualified workforce **BUT** incorporating them into a traditional private practice model initiates internal competition for productivity.
- CMS reimbursement for CNMs is 100% of MD **BUT** private insurance reimbursement for CNMs is variable and complicated to negotiate.

Mission Model Canvas

Key Partners PBGH - current project to analyze and create replicable CNM business model CHCF - provides funding for healthcare innovation to organizations currently invested in midwifery promotion MBA/financial consultant supporters of midwifery - provide business acumen for midwifery business case CMQCC - quality data collection and information dissemination OBGYNs - dictate clinical practice, influence hospital policy and programs, must agree to supervise and back up CNMs MGH L&D Director - ultimate responsible for L&D revamp plan, will provide budget, staff training and support	Key Activities Audit Prima/MGH finances/business model CNM data collection Achieve buy-in from Prima/MGH admin Offer water birth at MGH: enroll in nat'l study, create policy, purchase equipment, team training Advertising/promotion Key Resources PBGH business case CMQCC data collection MGH CNM staff	Value Propositions CNM option - approx 34% of private practice patients choose midwifery care for delivery at Prima/MGH Continuity of care - inpatient/outpatient services are integrated providing increased safety, satisfaction and better quality outcomes, CNMs care for >90% FQHC patients and deliver >70% OBGYN private practice revenue is based on generation of office visits and procedure reimbursement - use of CNMs increases access to MDs for office visits and surgery scheduling MGH is mandated to provide services for the underserved, approx 58% of all deliveries in the county; CNMs positively influence birth culture and enhance/support the OBGYN workforce by doing 60% of hospitalist program births	Buy-in & Support Prima administration FQHC administration MGH administration private practice clients OBGYNs Deployment "Debunking the Myths of Midwifery" handout "Grow" app Traditional and social media advertising/promotion	Beneficiaries Private practice patients who choose midwifery care FQHC clients who benefit from inpatient/outpatient continuity of culturally competent care Private practice MDs Hospital administrators
Mission Budget/Cost Tools: tubs \$3,000 (2 tubs, 50 liners), data collection program \$500/annual subscription Water birth study: \$6,000 for 4 researchers, includes required course registration, staff time, IRB application fee L&D revamp: TBD, consult w/ facilities mgmt, L&D director Advertising: TBD, consult w/ MGH PR/marketing dept		Mission Achievement/Impact Factors increase private insurance clients delivering at MGH by 10%/mo by March 2018 financially sustainable OBGYN/CNM collaborative practice at MGH for 2018 and beyond successfully meet the needs/expectations of publicly and privately insured women delivering in Marin County as demonstrated by more private practice women delivering in Marin County		

Discovery

Phase 2: Midwifery outside of Marin

- conferences, meetings, MBA/director interviews
- patient satisfaction surveys, hospital focus group, patient interviews
- meetings with Pacific Business Group on Health (PBGH) and California Maternal Quality Care Collaborative (CMQCC)

Takeaways:

- ◆ **CA is one of 6 states that still require physician supervision for CNMs, restricting CNM practice ownership and access.**
- ◆ **Women want: options, customized care, "natural" resources and remedies, spa-like birth experience w/ access to high tech intervention if necessary, and expert reassurance that they are doing what's best for their baby.**
- ◆ **New birth centers in Marin and SF have reached capacity within 1 yr of opening (6-12 births/mo).**



Points considered:

- When CNMs are integrated into a practice, the midwifery model of care is often subsumed by traditional OB/GYN practice guidelines.
- 9 CA counties do not have an OBGYN or CNM.

Lessons Learned

Efforts to identify and promote the value proposition of midwifery care should be undertaken and information disseminated widely.



Legislative removal of MD supervision of CNMs is vital to the sustainability of the profession of nurse-midwifery in CA.

Education for consumers and for healthcare professionals about midwives and the advantages of the midwifery model of care are necessary to ensure the sustainability of the profession and quality care for women.



Midwifery education needs to include the business of midwifery in the current healthcare system.

Healthcare administrators should listen to women and give them the experience they want: an experience that honors the psychosocial need for customized support and comfort with immediate access to emergency intervention if necessary.



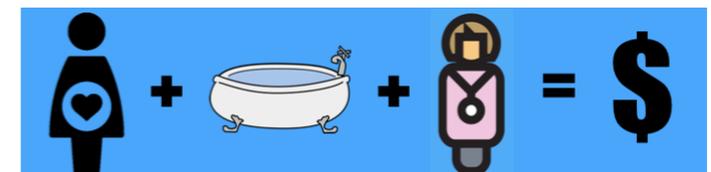
Next Steps

1. GOAL: a replicable sustainable midwifery business case

- Continue working with PBGH and financial consultants to enhance CNM productivity in private practice and L&D provider staffing efficiency
- ◆ success measure: sustainable expansion of midwifery care into more hospitals in CA

2. GOAL: increase number of private insurance clients delivering at MGH

- "Debunking the Myths of Midwifery" handout already created, Wildflower "Grow" app adopted by MGH includes info re access to midwifery care in Marin County
- Gather/disseminate data demonstrating maternal quality measures attained through the midwifery model of care
- ◆ success measure: data collection and reporting to CMQCC project manager for consideration in nationally recognized programs
- "revamp" L&D - meet client desires for spa-like environment
- offer in-hospital water birth - capitalize on a CNM-specific childbirth support option that addresses women's desires for customized care and low intervention (requires participation in national water birth study, IRB application and training underway)
- ◆ success measure: 10%/mo increase in private insurance clients



Building Healthcare Leaders

- <https://healthforce.ucsf.edu/leadership-training/programs/chcf-health-care-leadership-program>

Healthforce
Center at UCSF



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HEALTH CARE THAT WORKS FOR ALL CALIFORNIANS